

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/01/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 297020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2009	
NAME OF PROVIDER OR SUPPLIER GENTIVA HEALTH SERVICES II				STREET ADDRESS, CITY, STATE, ZIP CODE 505 EAST CAPOVILLA, SUITE #104 LAS VEGAS, NV 89119			
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G 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the Medicare re-certification survey under 42 CFR Part 484 - Home Health Services, conducted at your agency from March 17, 2009 through March 19, 2009.</p> <p>The active census on the first day of the survey was 85. Twenty clinical records were reviewed, including three closed records. Eight home visits were conducted.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>			G 000			
G 143	<p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, the agency failed to ensure all personnel maintained liaison in order to ensure their efforts were coordinated effectively and supported the objectives as outlined in the plan of care for 2 of 20 patients (#2, 13).</p> <p>Findings include:</p>			G 143			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 143	Continued From page 1 Patient #2 The start of care for Patient #2 was 9/12/08. Diagnoses included generalized muscle weakness, functional diarrhea, atrial fibrillation and attention to gastrostomy. The initial physician's order included physical therapy (PT) and skilled nursing (SN). A nursing note, dated 11/7/08, indicated the SN was discharging the patient (from nursing only) that day. The note lacked documentation the PT was notified the patient was being discharged from SN services. Patient #13 The start of care for Patient #13 was 3/5/09. Diagnoses included urinary retention, prostate cancer and Alzheimer's disease. On 3/14/09, the social worker made a visit to the patient's home and spoke with the caregiver, the patient's wife. There was no documentation on the visit note indicating the social worker notified the SN regarding the visit and the plans to meet the needs of the patient and caregiver.	G 143			
G 144	484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.	G 144			

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G 144	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, interview, and document review, the agency failed to ensure effective interchange, reporting and coordination of patient care occurred for 2 of 20 patients (#5, 14).</p> <p>Findings include:</p> <p>On 3/18/09 at 9:00 AM, the Area Clinical Specialist indicated case conference is held every week. The cases discussed were patients who had been admitted within the last seven days, were coming up for recertification or discharge and any cases with difficulties or problems.</p> <p>According to the Gentiva Health Services Policy Manual (in effect as of 3/18/09 with no revision dates noted) Section 3-16, Coordination of Care/Case Conferences, indicated "... All communication will be documented in each patient's clinical record..."</p> <p>Patient #5</p> <p>The start of care for Patient #5 was 3/3/09. Diagnoses included aftercare following total hip replacement, abnormality of gait, hypertension and atrial fibrillation.</p> <p>The clinical record lacked documentation indicating Patient #5 had been discussed at the weekly case conference regarding admission to service.</p> <p>The physical therapist (PT) evaluated Patient #5 and began treatment on 3/11/09. The clinical</p>	G 144			

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G 144	Continued From page 3 record lacked documentation indicating PT had communicated with skilled nursing regarding the evaluation and planned frequency/days of visits. Patient #14 The start of care for Patient #14 was 4/30/08. Diagnoses included non-healing surgical wound, nausea and arteriosclerotic cardiovascular disease. Skilled nursing was the only discipline seeing Patient #14. The clinical record lacked documented evidence Patient #14 had been discussed at case conference.	G 144			
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on clinical record review, the agency failed to ensure the written plan of care was followed for 7 of 20 patients (#2, 3, 5, 17, 18, 19, 20). Findings include: Patient #2 The start of care for Patient #2 was 9/12/08. Diagnoses included generalized muscle weakness, functional (chronic) diarrhea, atrial fibrillation and attention to gastrostomy.	G 158			

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G 158	<p>Continued From page 4</p> <p>The initial physician's order included occupational therapy (OT). The clinical record lacked evidence OT had seen Patient #2. The clinical record lacked documentation of communication between OT and the physician regarding Patient #2 not being seen by OT.</p> <p>A missed visit note (MVN), dated 11/20/08, and signed by physical therapy (PT) indicated Patient #2 was having problems with diarrhea and refused the visit. In the "Notification" area of the MVN, PT wrote "N/A" (not applicable) regarding notification of the physician of the need to alter the plan of care (decrease in visit frequency). There was no physician's order to decrease the number of PT visits for the week of 11/15/08.</p> <p>Patient #5</p> <p>The start of care for Patient #5 was 3/3/09. Diagnoses included aftercare following total hip replacement, abnormality of gait, hypertension and atrial fibrillation.</p> <p>On 3/17/09 around 2:40 PM during a home visit, Patient #5 indicated he had not been taking his Albuterol because he "never needs it."</p> <p>There was no documentation in the clinical record indicating 1) SN was aware and 2) SN had notified the physician Patient #5 was not taking the medication as prescribed by the physician.</p> <p>Patient #19</p> <p>The start of care for Patient #19 was 12/24/08. Diagnoses included acute mastoiditis, hypertension and anxiety.</p>	G 158			

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G 158	<p>Continued From page 5</p> <p>The plan of care indicated SN was to see Patient #19 two times a week for two weeks and then, one time a week for one week plus three PRN (as needed) visits.</p> <p>The clinical record lacked documentation Patient #19 had a SN visit for the week of 1/3/09. The clinical record lacked documentation of communication between SN and the physician regarding the lack of a SN visit the week of 1/3/09. There was no physician's order decreasing the visits for the week of 1/3/09.</p> <p>The orders for the recertification period (2/22/09 through 4/22/09) indicated SN was to see Patient #19 two times a week for one week and then, one time a week for three weeks.</p> <p>SN saw Patient #19 on 2/21/09 (the last day of the initial certification period) for the recertification assessment. SN saw the patient on 2/26/09 which was one time a week, not two, as the order for the new certification period indicated.</p> <p>Patient #20</p> <p>The start of care for Patient #20 was 1/14/09. Diagnoses included aftercare for healing, spinal stenosis, chronic kidney disease and osteoporosis.</p> <p>The initial physician's order written on 1/12/09, included occupational therapy (OT). The clinical record lacked evidence OT saw Patient #20. The clinical record lacked documentation of communication between OT and the physician regarding Patient #20 not being seen by OT for the period from 1/14/09 through 3/14/09.</p>	G 158			

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G 158	<p>Continued From page 6</p> <p>The plan of care indicated the certified nursing assistant (CNA) was to see Patient #20 one time a week for one week and then, two times a week for five weeks. The clinical record contained a missed visit note (MVN) dated 2/4/09. There was no documentation on the MVN indicating the physician was notified a CNA visit would not be made on 2/4/08. There were no orders in the clinical record to reduce the frequency of the CNA visits for the week of 1/31/08.</p> <p>Patient #3</p> <p>The start of care for Patient #3 was 7/31/08. Diagnoses included aftercare following surgery, radical excision of skin lesion, and hidradenitis.</p> <p>The plan of care indicated skilled nursing was to visit Patient #3 once a week for one week and three times a week for eight weeks for the certification period beginning 7/31/08. The clinical record indicated a skilled nurse conducted four visits during the week of 8/23/08. On 3/19/09, the clinical record lacked a physician's order increasing the number of skilled nurse visits.</p> <p>Patient #17</p> <p>The start of care for Patient #17 was 10/28/08. Diagnoses included late effect cardiovascular disease and general muscle weakness.</p> <p>The plan of care indicated skilled nursing was to visit Patient #17 zero times a week for one week, three times a month for one month, and two times a month for one month for the certification period beginning 2/25/09. Zero is not a frequency.</p>	G 158			

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G 158	Continued From page 7 The plan of care indicated a home health aide was to visit Patient #17 once a week for one week and twice a week for eight weeks for the certification period beginning 2/25/09. The clinical record indicated a home health aide conducted two visits for the week of 2/25/09. On 3/19/09, the clinical record lacked a physician's order increasing the number of home health aide visits. On 2/25/09, a physician's order indicated a physical therapist was to visit Patient #17 two times a week for one week and three times a week for eight weeks for the certification period beginning 2/25/09. The clinical record lacked documentation of physical therapy visits for the week of 2/25/09. On 3/19/09, the clinical record lacked a physician's order decreasing the number of physical therapy visits. Patient #18 The start of care for Patient #18 was 11/20/08. Diagnoses included osteomyelitis and excision of a spinal cord lesion. The plan of care indicated skilled nursing was to visit Patient #18 once a week for four weeks for the certification period beginning 1/19/09. The clinical record indicated a skilled nurse conducted visits once a week for eight weeks. On 3/19/09, the clinical record lacked a physician's order for the additional four weeks of visits.	G 158			
G 165	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Drugs and treatments are administered by agency staff only as ordered by the physician.	G 165			

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G 165	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, the agency failed to administer drugs and treatments only as ordered by the physician for 2 of 20 patients (#10, 17).</p> <p>Abbreviations:</p> <p>bid = twice a day cap = capsule mg = milligrams OTC = over the counter po = by mouth QD = every day tab = tablet</p> <p>Findings include:</p> <p>Patient #10</p> <p>The start of care for Patient #10 was 2/23/09. Diagnoses included generalized muscle weakness, non-insulin dependent diabetes mellitus and atrial fibrillation.</p> <p>On 3/18/09 in the afternoon during a home visit, Patient #10's spouse (and primary caregiver) brought the patient's medications out for comparison to the plan of care.</p> <p>The medications for Patient #10 presented by the spouse had the following discrepancies:</p> <p>1) A container of Prilosec 20 mg had a prescription label that read, "One tab by mouth every morning." The plan of care indicated Patient #10 was to take it twice a day.</p> <p>2) A container of Vytorin 10-40 mg had a</p>	G 165			

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G 165	Continued From page 9 prescription label that read, "One tab QD" (dated 3/5/09). This medication was not listed on the plan of care or the Medication Profile. 3) Magnesium plus protein (OTC) - according to the spouse, Patient #10 "takes two by mouth every morning and every evening and has for the past 10 years." This medication was not listed on the plan of care or the Medication Profile. 4) According to a physician's order, dated 3/11/09, Lasix was changed to 20 mg one tab by mouth every other day. This change was not indicated on the Medication Profile. Patient #17 On 10/28/08, the agency admitted Patient #17 with diagnoses including muscle weakness and cardiovascular disease. On 1/30/09, a resumption of care order indicated a home health aide was to visit Patient #17 two times a week for the five weeks remaining in the certification period (through 2/24/09). On 3/19/09, the clinical record for Patient #17 lacked evidence of home health aide visits for the weeks of 1/28/09 and 2/21/09.	G 165			
G 166	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.	G 166			

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G 166	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review, agency policy review and interview, the agency failed to ensure a physician signed and dated a recertification order and the subsequent plan of care for 1 of 20 patients (#18).</p> <p>Findings include:</p> <p>Patient #18</p> <p>On 11/20/08, the agency admitted Patient #18 with diagnoses including osteomyelitis and status post excision of a spinal cord lesion.</p> <p>On 1/16/09, a skilled nurse obtained verbal orders recertifying Patient #18 for home health services for the period of 1/19/09 to 3/19/09. The verbal orders lacked a physician's signature as of 3/19/09. For the recertification period of 1/19/09 to 3/19/09, the plan of care lacked a physician's signature as of 3/19/09.</p> <p>On 3/19/09, the agency's policy regarding a physician's order indicated the following in section 3-12, revised 05/08, page 2, point #7 under obtaining orders:</p> <p>"Orders will be countersigned by the authorizing practitioner within 30 days from date orders are received, or from the start of care in the case of initial orders. All physicians' orders are to be tracked for timely return."</p> <p>On 3/19/09 at 3:15 PM, clerical staff indicated Patient #18's clinical record lacked pending filing related to a previous discussion regarding this issue.</p>	G 166			

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G 173	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse initiates the plan of care and necessary revisions.</p> <p>This STANDARD is not met as evidenced by: Based on interview and clinical record review, the agency failed to ensure the registered nurse initiated the necessary revisions in the plan of care for 1 of 20 patients (#13).</p> <p>Findings include:</p> <p>Patient #13</p> <p>The start of care for Patient #13 was 3/5/09. Diagnoses included urinary retention, urinary tract infection (UTI), prostate cancer and Alzheimer's disease.</p> <p>On 3/3/09, the physician ordered an antibiotic (to be taken twice a day for seven days) for the UTI. There was no documentation on the Medication Profile indicating when Patient #13 finished the course of antibiotics. There was no documentation indicating the nurse had contacted the physician about a repeat urinalysis, culture and sensitivity to see if the infection had cleared.</p> <p>In an interview on 3/19/09 at 5:00 PM, the Area Clinical Specialist indicated, "Yes, there should be follow up with the physician regarding a repeat urinalysis, culture and sensitivity (to see if the infection has cleared)."</p>	G 173			
G 176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse prepares clinical and</p>	G 176			

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G 176	<p>Continued From page 12</p> <p>progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and policy review, the agency failed to ensure the registered nurse prepared complete clinical notes for 4 of 20 patients (#2, 5, 10, 19).</p> <p>Findings include:</p> <p>Document review revealed the Gentiva Health Services Policy Manual Section 4-1, Clinical Records, revised 05/08, indicated "... All information must be entered accurately, legibly and signed with the clinicians' legal name and title..."</p> <p>On 3/19/09 at 1:50 PM, the Director of Clinical Management explained the employees were supposed to complete the section on the Infusion Clinical Note titled "Pump Info" whenever the patient is receiving medications via an infusion pump.</p> <p>Patient #2</p> <p>The start of care for Patient #2 was 9/12/08. Diagnoses included generalized muscle weakness, functional (chronic) diarrhea, atrial fibrillation and attention to gastrostomy.</p> <p>The clinical record for Patient #2 contained skilled nursing notes dated 11/5/08 and 11/0708. There was no title after the employee's signature on either document.</p>	G 176			

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G 176	<p>Continued From page 13</p> <p>The clinical record for Patient #2 contained a discharge note dated 11/07/08. There was no signature or title on the discharge note.</p> <p>Patient #5</p> <p>The start of care for Patient #5 was 3/3/09. Diagnoses included aftercare following total hip replacement, abnormality of gait, hypertension and atrial fibrillation.</p> <p>The clinical record for Patient #5 contained a skilled nursing note dated 3/9/09. There was no title after the employee's signature.</p> <p>Patient #10</p> <p>The start of care for Patient #10 was 2/23/09. Diagnoses included generalized muscle weakness, non-insulin dependent diabetes mellitus and atrial fibrillation.</p> <p>The clinical record for Patient #10 contained a two page skilled nursing note dated 3/2/09. The sections titled Skilled Care Provided, Equipment and Coordination/Plan on page two were blank.</p> <p>The clinical record for Patient #10 contained a two page skilled nursing note dated 3/9/09. The sections titled Labs, Pain Assessment, Neurological, Cardiovascular, Genitourinary, Respiratory, Endocrine, Nutrition, Medications on page one and all sections on page two (Integumentary, Musculoskeletal, Homebound, Knowledge Deficits, Patient Teaching, Skilled Care Provided, Equipment and Coordination/Plan) were blank.</p> <p>Patient #19</p>	G 176			

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G 176	Continued From page 14 The start of care for Patient #19 was 12/24/08. Diagnoses included acute mastoiditis, hypertension and anxiety. The clinical record for Patient #19 contained two page Skilled Nursing Notes dated 12/30/08 and 1/2/09. There was no title after the employee's signature on either note. The clinical record for Patient #19 contained an Infusion Clinical Note dated 1/10/09. The note did not have an employee's signature. The section titled Pump Info was blank. The clinical record for Patient #19 contained Infusion Clinical Notes dated 1/10/09, 1/16/09, 1/20/09, 1/28/09, 2/3/09, 2/11/09, 2/17/09 and 2/26/09. All notes lacked documentation in the area of Pump Info. There was no title after the employee's signatures on these notes. The clinical record for Patient #19 lacked indication on the Medication Profile (and in the nursing notes) regarding the date the last dose of intravenous antibiotic was administered. The Infusion Clinical Notes dated 3/3/09, 3/11/09 and 3/17/09 did not have titles after the employee's signatures. The clinical record for Patient #19 contained an OASIS Follow Up Assessment dated 2/21/09. There was no title after the employee's signature on Page 1.	G 176			
G 224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered	G 224			

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G 224	Continued From page 15 nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. This STANDARD is not met as evidenced by: Based on clinical record review, a skilled nurse failed to provide written instructions for a home health aide care plan for 1 of 20 patients (#17). Findings include: Patient #17 On 10/28/08, the agency admitted Patient #17 with diagnoses including late effect cardiovascular disease, muscle weakness, dysphagia, and pneumonia. On 3/19/09, the clinical record contained documentation that a home health aide conducted twice weekly visits between 12/27/08 and 2/24/09 except for a hospitalization period between 1/19/09 and 1/27/09. On 3/19/09, Patient #17's clinical record contained an unsigned and undated home health aide care plan placed with recertification orders dated 12/22/08.	G 224			
G 229	484.36(d)(2) SUPERVISION The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks. This STANDARD is not met as evidenced by: Based on clinical record review and interview, a skilled nurse failed to conduct supervisory visits	G 229			

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G 229	Continued From page 16 for a home health aide no less frequently than every 14 days for 1 of 20 patients (#15). Findings include: On 5/02/07, the agency admitted Patient #15 with diagnoses including vascular catheter and diabetes mellitus type II with neuropathy. On 3/18/09, the clinical record contained a plan of care for a recertification period dated 12/22/08 to 2/19/09. The plan of care indicated three home health aide visits weekly. A home health aide conducted three home health aide visits weekly between 12/22/08 and 2/19/09. A skilled nurse conducted supervisory visits on 1/02/09 and 1/23/09. The clinical record lacked documentation a skilled nurse conducted a supervisory visit between 1/02/09 and 1/23/09. On 3/19/09 at 9:50 AM, the skilled nurse assigned to Patient #15 indicated no supervisory visits were conducted between 1/09/09 and 1/23/09.	G 229			
G 337	484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. This STANDARD is not met as evidenced by: Based on clinical record review, the agency failed to review all medications in order to identify any potential adverse effects and drug reactions for 2 of 20 patients (#7, 10).	G 337			

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G 337	<p>Continued From page 17</p> <p>Abbreviations:</p> <p>BID = twice a day mg = milligrams OTC = over the counter PO = by mouth Q = every QD = every day QOD = every other day tab = tablet</p> <p>Findings include:</p> <p>Patient #10</p> <p>The start of care for Patient #10 was 2/23/09. Diagnoses included generalized muscle weakness, non-insulin dependent diabetes mellitus and atrial fibrillation.</p> <p>On 3/18/09 in the afternoon during a home visit with the home health aide and skilled nurse, the nurse and Patient #10's spouse were discussing the fact the physician had recently ordered the Lasix to be taken every other day.</p> <p>The medications presented by the spouse for Patient #10 had the following discrepancies:</p> <p>1) Prilosec 20 mg with a prescription label that read, "One tab by mouth every morning." The plan of care indicated Patient #10 was to take it twice a day.</p> <p>2) Lasix was changed on 3/11/09 from 20 mg one tab PO QD to 20 mg one tab PO every QOD. The Medication Profile lacked evidence of this change.</p>	G 337			

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G 337	<p>Continued From page 18</p> <p>3) Vytarin 10-40 mg with a prescription label that read, "One tab QD" (dated 3/5/09)." This medication was not listed on the plan of care or the Medication Profile.</p> <p>4) Magnesium plus protein (over the counter) - according to the spouse, Patient #10 "takes two by mouth every morning and every evening and has for the past 10 years." This medication was not listed on the plan of care or the Medication Profile.</p> <p>The clinical record for Patient #10 lacked documented evidence the nurse reviewed the medication Vytarin and the supplement Magnesium plus protein for any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Patient #7</p> <p>The start of care for Patient #7 was 3/14/09. Diagnoses included right leg cellulitis, peripheral vascular disease and hypertension.</p> <p>On 3/17/09 in the afternoon during a home visit, Patient #7's relative brought the patient's medications out for comparison to the medication profile dated 3/13/09.</p> <p>Patient #7 had a container of 20 milliequivalents of Potassium Chloride. The patient indicated he took one tablet daily. The clinical record contained a physician's order dated 3/13/09 for the Potassium Chloride. A skilled nurse failed to include Potassium Chloride on a medication profile dated 3/13/09. The agency indicated the</p>	G 337			

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G 337	Continued From page 19 skilled nurse was not available for interview.	G 337			